

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004400

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 500 271  
FILED FEB 13 1963VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay, Mo.</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mt. St. Rose Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>446 California Ave.</b>	
3. NAME OF DECEASED (Type or print) <b>Rev. Charles Christopher Burger DD.</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>24</b> Year <b>1963</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/27/79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clergyman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Congregational</b>	
11. BIRTHPLACE (City and state or country) <b>Marshall, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John G. Burger</b>		13b. MOTHER'S MAIDEN NAME <b>-- Mayer</b>	
14. NAME OF HUSBAND OR WIFE <b>Blanche P. Burger</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>	
16. SOCIAL SECURITY NO. <b>02</b>		17. INFORMANT <b>Mrs. Edward Kice Jr., 446 California</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b> WITH PULMONARY EDEMA + ASPIRATION BRONCHOPNEUMONIA 1 WK DUE TO (b) <b>WITH PULMONARY EDEMA +</b> DUE TO (c) <b>ASPIRATION BRONCHOPNEUMONIA 1 WK</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5+ YRS.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00 P.</b> Month, Day, Year <b>JAN 24 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Waukomis, Oklahoma</b>	
21. I attended the deceased from <b>JAN 12, 1963</b> to <b>JAN 24 1963</b> and last saw her alive on <b>JAN. 24 1963</b>		22. DATE SIGNED <b>1/25/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/26/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Waukomis, Oklahoma</b>		23d. LOCATION (City, town, or county) <b>Waukomis, Oklahoma</b>	
24. FUNERAL DIRECTOR <b>Parker-Aldrich, Webster Groves, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-25-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>		27. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>	

(Licensed Embalmer's Statement on Reverse Side)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Palmer Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.